Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>5/16/2010</u>	Address:	425 Fear Court
Case #:	<u>13F75225</u>		Knox, In
County:	Starke		
Type of La	aboratory Seizure (check one)	Seizure Location (check all that apply)
Operation Chemic	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☑ Other: Porch
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
∑ Flammable Solvents: <u>On porch</u>			
Water Reactive Metal (Lithium): On porch			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location): Meth (inside house)			
Child under age 18 discovered (check one) ☐ Yes (number present) ☐ No *If yes, fax report to Child Protective Services		Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other:	
This report is to be faxed to the following agencies that serve the location:			
Fire Depar	tment: Knox Fire	Fax: <u>772-7236</u> Fax: <u>574) 772-8035</u>	
Health Dep	partment: Starke Co.	Fax. <u>574)</u> Fax:	
Child Proto	ection Service: <u>N/A</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Jason Faulstich</u> Phone <u>1-800-552-2959</u>			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.